ISSUE SLIP STAPLE AREA (for additional cross references) **POSITION** INITIALS ID NO. DATE **FEE DETERMINATION** lW O.I.P.E. CLASSIFIER **FORMALITY REVIEW RESPONSE FORMALITY REVIEW INDEX OF CLAIMS** Rejected ..... Non-elected ..... Allowed (Through numeral)... Canceled ..... Appeal ..... Restricted ..... Objected

## Date Date Claim Claim Date Original Final Original Final : 10 .40

If more than 150 claims or 10 actions staple additional sheet here

(LEFT INSIDE)